Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 7311
Name: Shakespeare Oil Co., Inc.
Address 1: 202 W MAIN ST
Address 2:
City: SALEM State: IL Zip: 62881 + 1519
Contact Person: Don Williams
Phone: (618) 548-1585
CONTRACTOR: License # 5123
Name: Pickrell Drilling Company Inc
Wellsite Geologist: Kent Matson
Purchaser: CHS

Designate Type of Completion:
☑ New Well ☐ Re-Entry ☐ Workover
☑ Oil ☐ WSW ☐ SWD
☐ Gas ☐ DH ☐ EOR
☐ OG ☐ GSW
☐ CM *(Coal Bed Methane)*
☐ Cathodic ☐ Other *(Core, Expl., etc.)*:

If Workover/Re-entry: Old Well Info as follows:
Operator:
Well Name:
Original Comp. Date: Original Total Depth:
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #:
☐ Dual Completion Permit #:
☐ SWD Permit #:
☐ EOR Permit #:
☐ GSW Permit #:

06/08/2026	06/14/2026	07/14/2026
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-063-22488-00-00
Spot Description:
SW-NE-NE-SW Sec. 3 Twp. 13 S. R. 30 ☐ East ☑ West
2155 Feet from ☐ North / ☑ South Line of Section
2030 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☑ SW
GPS Location: Lat: *(e.g. xx.xxxxx)*, Long: *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Gove
Lease Name: POLIFKA Well #: 1-3
Field Name:
Producing Formation: Pawnee
Elevation: Ground: 2820 Kelly Bushing: 2827
Total Vertical Depth: 4500 Plug Back Total Depth: 4448
Amount of Surface Pipe Set and Cemented at: 221 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 2244 Feet
If Alternate II completion, cement circulated from: 2244
feet depth to: 0 w/ 245 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 6500 ppm Fluid volume: 2500 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. ☐ East ☐ West
County: Permit #:

AFFIDAVIT
I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
☐ **Confidentiality Requested**
Date: 07/24/2026
☐ **Confidential Release Date:** 07/23/2028
☑ **Wireline Log Received** ☑ **Drill Stem Tests Received**
☑ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** Alexis Vincent **Date:** 07/27/2026